DECLARATION AND POWER OF ATTORNEY As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled BEAD CURING FINGER MOLD the specification of which (check one) is attached hereto. was filed on as Application Serial No. and was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below: (Application Serial No.) (Filing Date) (Application Serial No.) (Filing Date) I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365 of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which become between the filing date of the prior application and the national or PCT international filing date of this application: (Application Serial No.) (Filing Date) (Status)(patented, pending, abandoned) (Application Serial No.) (Filing Date) (Status)(patented, pending, abandoned) POWER OF ATTORNEY As named inventor(s), I or we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Frederick K Lacher Registration No. Robert W Brown Registration No. 24,499 Marc R Dion Registration No. 31.347 Roger D Emerson Registration No. 33,169 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon. Full name of sole or first inventor (given name Inventor's signature Mullian Date Residence Doylestown, Ohio 44230 OHCitizenship <u>US</u> Post Office Address 18220 William Drive. Doylestown. Ohio 44230 US Full name of second joint inventor, if any (given name, family name) Kenneth Dean Conge Inventor's signature Residence Stow, Ohio 44224 Date July 12, 1999 OH Citizenship _ Post Office Address 1332 Homesite Drive, Stow, Ohio 44224 US Full name of third joint inventor (given name, family name) Brian Joseph Wilson Inventor's signature _ Date July 12, Citizenship US Residence Akron, Ohio Post Office Address 525 Royal Avenue, Akron, Ohio 44303 Full name of fourth joint inventor, if any (given name, family name) Inventor's signature Date Residence Citizenship Post Office Address Additional inventors are being named on separately numbered sheets attached hereto. SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO: Frederick K Lacher

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c/o Robert W Brown

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